

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NOV 15 1937

36236

Do not use this space.

9813

1. PLACE OF DEATH

(a) County Registration District No. **21 1003**
(b) Township Primary Registration District No. Registered No.
(c) City **St. Louis.** (d) Street No. **4965 Arsenal St.** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Anna Koebbe
(a) Residence, No. **4965 Arsenal St.** St. **13** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Bernard Koebbe**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 27, 1859.**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 10 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At home**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

13. NAME **Henry Wuelling**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**

15. MAIDEN NAME **Dont Know.**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**

17. INFORMANT **August Koebbe**
(ADDRESS) **4965 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL **SS. Peter & Paul Cem. DATE Oct. 25, 1937.**

19. FUNERAL DIRECTOR **J. H. Gebken & Co.**
(ADDRESS) **2842 Maramec St.**

20. FILED **OCT 22 1937**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 31 1937**
22. I HEREBY CERTIFY, That I attended deceased from **March 1935** to **Oct 21 1937**.
I last saw **her** alive on **Oct 20 1937**. Death is said to have occurred on the date stated above, at **8:15 A. M.**
The principal cause of death and related causes of importance were as follows:

Date of onset **1925**
Left cerebral Hemorrhage
82A
Other contributory causes of importance: **1927- Hypertension**

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify **J. H. Gebken & Co.** M. D.
(Signed) **J. H. Gebken & Co.** (Address) **6200 Columbia Ave.**

MAY 18 1942

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)